

Michigan Department of Community Health  
Bureau of Health Systems  
Division of Nursing Home Monitoring

**NURSING HOME LICENSE APPLICATION**

**SECTION 1: FACILITY INFORMATION**

1. Type of Application	Initial	Amendment	Change of Ownership
2. Facility Name:	3. Facility Number:		
4. Facility Street Address:	5. City, State, Zip Code		
6. Facility Phone Number:	7. Facility Fax Number:		
8. Total Number of beds to be licensed: _____ (For license fees contact your Licensing Officer. Fees are prorated based on open date within the billing cycle of 8/1 through 7/31 of each year and the per bed fee of \$2.20. Change of Ownership and bed increase fees are equal to 1-year license fee regardless of billing cycle. Do not send fees without receiving an Invoice.)			

**SECTION 2: ADMINISTRATOR INFORMATION**

1. Administrator Name:	2. License Number:
3. Expiration Date:	4. Hire Date:
5. Administrative/Emergency Phone Number:	
6. Time Involvement:	Full-time      Part-time      Contract
7. If the Licensed Administrator is not full time and he/she is the licensed administrator at more than on one facility indicate the individual who is the actual administrator for the facility:  _____ Name of Administrator      Hire Date	

**SECTION 3: DIRECTOR OF NURSING**

1. Director of Nursing Name	2. License Number:
3. Expiration Date:	4. Hire Date:

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**SECTION 4: OWNERSHIP** (legal entity which directly owns the facility)

1. Company/Owner Legal Name:			
2. Street Address:		3. City, State, Zip Code	
4. Ownership Start Date:		5. End Date of Previous Owner:	
6. Company Phone Number:		7. Federal Tax ID Number:	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px; text-align: center;">-</div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> </div>	
8. Primary Owner or Contact Name:			
9. Type of ownership: <div style="display: flex; justify-content: space-between; padding: 5px;"> <div>Individual</div> <div>Partnership</div> <div>State</div> <div>County</div> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div>Corporation</div> <div>City</div> <div>City/County</div> <div>City</div> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div>Non-Profit Church</div> <div>Hospital Authority</div> <div>Non-Profit Other</div> <div>Other (Specify)</div> </div>			
10. Corporation officers/directors/trustees: (attach additional pages if necessary) <div style="display: flex; justify-content: space-between; padding: 5px;"> <div><u>Name</u></div> <div><u>Address</u></div> </div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>			
11. Individual with 5% or more interest (attach additional pages if necessary) <div style="display: flex; justify-content: space-between; padding: 5px;"> <div><u>Name</u></div> <div><u>Address</u></div> <div><u>Percent of Interest</u></div> </div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>			

Are any persons who have an ownership interest required to file a beneficial ownership report pursuant to the Federal Securities Exchange Act of 1934 [15 U.S.C. 78p, Sec. 16(a)]?

Yes      - If yes, attach copies of such reports

No

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**SECTION 4: OWNERSHIP** (legal entity which directly owns the facility) (con't)

12. Parent Organization If the entity indicated in 10 is owned by a parent organization, please complete the following:	
Parent Organization Name:	
Street Address	City, State, Zip Code

**SECTION 5: CERTIFICATION BY APPLICANT**

<ul style="list-style-type: none"><li>Authority: P.A. 368 of 1978 as amended. The Issuance and processing of this form is governed by Administrative Rules 325.20201 through 325.20215. Failure to submit an accurate and complete form in a timely manner may result in denial of licensure or certification. An applicant who makes a false statement in this application is subject to criminal penalties under Section 20142(5) of the Public Health Code (P.A. 368 of 1978 as amended).</li></ul>	
<ul style="list-style-type: none"><li>The applicant certifies that the information provided on this application is true, complete and accurate to the best of his/her knowledge.</li></ul>	
Applicant's Name:	Applicant's Title:
Telephone Number:	
Applicant's Signature:	Date:

Please remit to: Michigan Department of Community Health  
Bureau of Health Systems  
Division of Nursing Home Monitoring  
P.O. Box 30664  
Lansing, MI 48909